



1st Semiannual 2022

Children's Division Maintaining Medical Records Report

Report for January 1, 2022 – June 30, 2022

Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, early childcare, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for 24-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care. An efficient medical records system can provide the medical information needed to support proper care.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory test results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

A medical records system may be paper or electronic. A paper medical records system consists of physical documents that are placed in a file or folder. An electronic medical records system consists of medical information entered into a computer or other digital device.

This report documents the commitment of the Children's Division to the development and operation of a statewide system to maintain medical records and/or medical information for each child in its custody. The medical records system must operate and maintain all medical records consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical records are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security system. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its custody. Developing, operating, and maintaining a medical records system is a vital and essential service for each child. The medical records system can provide prescribers, the child, parent(s), placement providers, and case managers with enough current and historical information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains the Children's Division's current efforts to maintain medical records and their plans to implement a medical records system.

Current Efforts for Maintaining Medical Records

On July 1, 2022, the Department awarded a Managed Care Program contract to Home State Health Plan with the ultimate goal to improve access to needed services and increase the quality of health care services for Managed Care state aid eligible populations. A prominent component of the quality of health care services is the development, implementation, operation, and management of a complete medical record for each child/youth in the care and custody of the Department.

The MO HealthNet Division offered health care coverage for eligible Missourians through three Managed Care delivery systems. MO HealthNet has revised the Managed Care systems into one statewide Managed Care Program only for children in the care or custody of the State. The Managed Care Program was designed through a collaborative process that included feedback from various providers, health care consumers, health plan representatives, community members, State of Missouri government agencies, and the federal government through their Centers for Medicare & Medicaid Services.

MO HealthNet has defined members (individuals who receive their services based on the eligibility code and group) as children/youth in the care and custody of the State i.e., children/youth who are in Alternative (Foster) Care. In addition, this includes:

- All children receiving legal guardianship or adoption subsidy assistance;
- Former foster care youth under the age of 26, who were in foster care on their 18th birthday and covered by MO HealthNet (Missouri Medicaid), and who meet other eligibility criteria; and,
- Former foster care youth under the age of 26, who were in foster care on their 18th birthday and covered by Medicaid from another state, and who are not currently eligible for Medicaid coverage under another program.

Each member in the Managed Care Program must be linked with a Primary Care Provider of their choice. The Primary Care Provider is required to maintain a comprehensive, current medical record for the member, including documentation of all services provided to the member by the Primary Care Provider, as well as any specialty or referral services, diagnostic reports, and any physical or behavioral screens.

In accordance with Senate Bill No. 1024, enacted by the General Assembly of the State of Missouri, Section A., Chapter 334, RSMo, amended to be known as Section 334.097, physicians shall maintain an adequate and complete medical record for each member and may maintain electronic records, provided the record keeping format is capable of being printed for review.

The requirements in law and in the contract indicate that a complete medical record shall include, at a minimum,

- The date(s) the member was seen;
- The current status of the member, including the reason for the visit;
- Observation of pertinent physical findings/Medical charts;
- Assessment and clinical impression of diagnosis/Health status screens;
- Prescription files;
- Hospital records;
- Physician specialists, consultants, and other health care professionals' findings;
- Plan for care and treatment, or additional consultations or diagnostic testing, if necessary. If treatment includes medication, the physician shall include in the medical record the medication and dosage of any medication prescribed, dispensed, or administered
- Any informed consent for office procedures
- Other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided.

Current Efforts for Maintaining Medical Records

The medical record requirements in the Managed Care Program provide the structure and location for Children's Division to identify where the primary medical record for each child/youth in foster care that has been prescribed or administered psychotropic medications is compiled and maintained. A complete (full) and accurate account of current medical information and a history for each child in foster care should include:

- Medical, Surgical, Dental, Psychosocial, Mental Health/Psychiatric, Family Health and Medication (documented benefits and adverse effects) histories;
- Past hospitalization or residential treatment history;
- Allergies/Immunizations;
- Current and past medications, including current dosage and directions for administration;
- Treatment and/or service plans;
- Results of any clinically indicated lab work;
- The names and contact information for all of the child's current and past mental health, dental, and medical providers; and
- Signed consent forms, including but not limited to those for psychotropic medications.

The Managed Care Program requires its providers to maintain the child/youth's medical records in a detailed and comprehensive manner, which should conform to good professional medical practices, permit effective professional medical review/audit processes, and facilitate an adequate system for follow-up treatment. Medical records must be legible, signed, and dated.

The Managed Care Program has assigned the members in foster care to receive services through the program's "Specialty Plan." The primary service within the Specialty Plan is a Member Care Management program. The focus of this specialized program is on improving health outcomes and member/family experiences. The program will utilize a person-centered, trauma-informed, integrated approach to meet the complex physical health, behavioral health and psychosocial needs of the members and their families.

There are several care management activities within the care management program. Upon enrollment of an eligible child or young, qualifying adult, a Specialty Plan Care Manager will perform an initial care and disease management assessment within 14 calendar days of enrollment to identify the appropriate care management tier (care level) and present issues necessary to start the formulation of the member's care plan.

Care plans must be updated at least quarterly and following every member/family touch, provider interaction, within 10 calendar days of discharge from an inpatient state or emergency room visit, and any other pertinent event. Specialty Plan staff will re-evaluate a member's care level assignment whenever there is a significant change in the member's needs or risk factors, but no less than annually. A crucial care management activity is collaborating, communicating, and exchanging information with member's Primary Care Provider and other member-serving entities, as permitted by state and federal law, to coordinate member care. Several related care management activities are:

- Monitoring to ensure that care plan services are delivered and evaluate the effectiveness of services;
- Coordinating member access to services and resources identified in the care plan, including securing necessary authorizations and identifying network providers to deliver services;
- Participating in discharge planning activities to prevent unnecessary readmissions emergency room visits and other adverse outcomes;
- Outreach to members/families/resource providers to engage in care coordination; and,
- Providing medical records information to the Department upon request.

Current Efforts for Maintaining Medical Records

A component of the Care Management program is training for Care Management staff related to the responsibilities of the Specialty Plan and the Department's requirements in the Joint Settlement Agreement (Agreement). Children/youth in foster care who are prescribed or administered any psychotropic medications have specific criteria and documentation commitments that are utilized to evaluate if the Department's efforts to establish a medical record have been reasonable and diligent. The requirements within the Managed Care Program not only provide for medical records for children in foster care, but also mandate that the Primary Care Provider maintain medical records for all children in the care and custody of the Department who are members in the program. The ability for Care Management staff to assist in the development of a complete medical record for children/youth on psychotropic medications can facilitate the implementation and review of performance standards described within the Agreement.

The Specialty Plan staff members will closely coordinate with Children's Division/Foster Care Case Management, Division of Youth Services, Department of Mental Health staff, and other entities who may be providing case management activities. This collaboration can bolster the continuum of care, provide the process needed to keep the Primary Care Provider informed, and actively support efforts to create and maintain a complete medical record.

Home State Health Plan was awarded the contract and administers the Specialty Plan entitled "[Show Me Healthy Kids.](#)" The Department/MO HealthNet Division has direct oversight of the Managed Care Program activities. In addition to the Department, the Centers for Medicare & Medicaid Services (CMS) monitors the Managed Care Program activities through its regional office in Kansas City, Missouri, Center for Medicaid and CHIP Services, the Survey Operations Group, and the Quality, Safety, and Oversight Group in Baltimore, Maryland.

In addition to the Specialty Plan and its expected improvements in the continuum of care and medical record maintenance, the Department is reviewing its options to expand the Oracle/Cerner Corporation's medical information pilot project from Jackson, Cass, Vernon, Clay, and Platte counties to statewide. The Department and the Oracle/Cerner team will meet to discuss expansion across the state. The discussion will be centered around what additional healthcare systems will need to be included to assist in providing the most accurate and up-to-date electronic health care record as possible. The project's HealtheIntent platform combines data from the Lewis And Clark Information Exchange (LACIE Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.), and Family and Children Electronic System (FACES). The HealtheIntent platform is the basis of the HealtheIntent Foster Children's Registry, which is a management system with disease and wellness standards of care and the HealtheRecord, that is scheduled to deliver a longitudinal record combining clinical events and information into a single view.

The Health Information Specialist team continues to utilize the following methods to acquire medical records:

- hXe (health eXchange evolved), medical document request directly to any healthcare provider;
- CIOX, complete document requests from health care agencies that are enrolled with CIOX Health;
- Biscom fax, sends and receives requests for medical documents from various entities; and
- ShowMeVax, tracking an individual's immunization history and status.

The Children's Division case managers can request medical records through various other methods such as sending a request by mail or fax.

OnBase and the case manager's physical case file are Children's Division essential source for storing, maintaining, and retrieving medical documents. The scanned and uploaded documents in OnBase can be retrieved with the child/youth's departmental client number. The medical information stored in the physical file continues to be in accordance with the Council on Accreditation standards of practice.

Plans to Develop a Medical Records System

The Department has awarded a Managed Care Program contract that enhances its ability to have a fully developed medical record (paper-based and/or electronic) for each child in foster care. The MO HealthNet Division, Children' Division and other entities are dedicated to work in partnership with Home State Health Plan personnel to implement the array of service options available in the "Show Me Healthy Kids" plan. Although the contract has been recently confirmed, the integrated information system platform referenced in the contract that could be utilized to store and maintain the various forms of medical documents and information has yet to be determined. The Department is actively searching for a viable cost-effective platform that will successfully deliver a reliable medical records system.

In addition to the medical records arrangement in the Managed Care Program, the Department continues to review other system options through Oracle/Cerner. The primary goal for the Oracle/Cerner project is to establish a system that can provide a single source of medical information collected from the various health/medical databases within the current pilot's platform.

The Department is committed to the development and maintenance of a comprehensive system for medical information. The recent Managed Care Program contract and discussions to expand the Oracle/Cerner project signify the advances the Department has achieved within this period. These coupled with the consistent utilization of OnBase, physical case files, and various document request methods can usher in the creation of an innovative and dependable medical records system.